

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43693
16154

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JENNINGS 4448	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL			d. STREET ADDRESS (If rural, give location) 5625 HELEN AVE		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) T. c. (Last) BENNETT			4. DATE OF DEATH (Month) (Day) (Year) NOV-27-1950		
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APR-17-1868		9. AGE (In years last birthday) 82		10. MONTHS 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEAMSTER		10b. KIND OF BUSINESS OR INDUSTRY HAULING		11. BIRTHPLACE (State or foreign country) PERRY - IOWA	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME ABRAHAM BENNETT		13b. MOTHER'S MAIDEN NAME MORRISON	
14. NAME OF HUSBAND OR WIFE MARY BENNETT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Clyde T. Bennett		18. ADDRESS 5625 Helen		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4501	
22. I hereby certify that I attended the deceased from 10:30 P. to 11:30 P. m., 1950, that I last saw the deceased alive on 11/27/50, and that death occurred at 11:30 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert M. Tanner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV-30-1950		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) ST. LOUIS COUNTY - MO		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner		25. ADDRESS 615 1/2 Bridge	
DATE REC'D BY LOCAL REG. NOV 20 1950		REGISTRAR'S SIGNATURE J. B. Sasater			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me, or by~~ Me

working under my personal supervision.

Student Embalmer No.....

Signed

G. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.